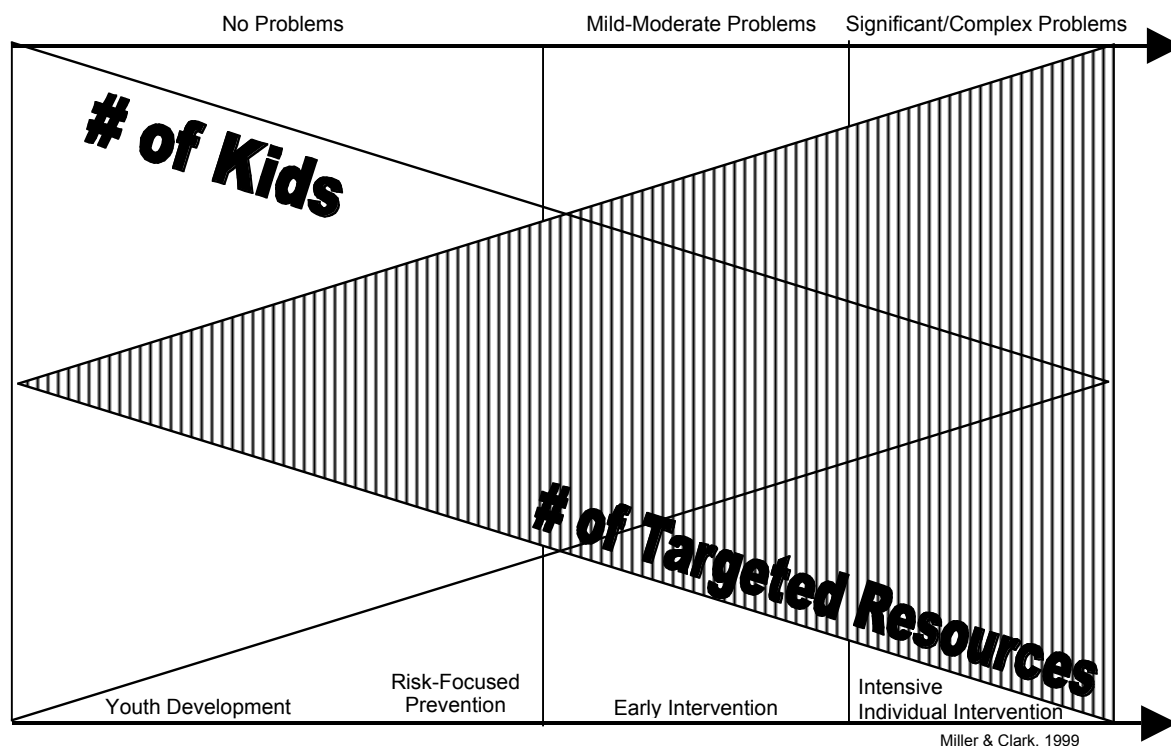


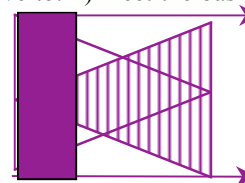
Continuum of Programs and Services

In order to foster the healthy social, emotional, intellectual and behavioral development of Iowa's children and youth and to prevent the development of problem behaviors such as violence and substance abuse, schools join community partners to provide a continuum of programs and services to meet the many needs of students and their families. Research shows that the promotion of positive youth development for all kids, along with prevention and early intervention efforts, reduces the number of kids who will experience moderate or significant social, emotional and behavioral problems. The provision of a continuum of effective programs and services is an investment in our future.

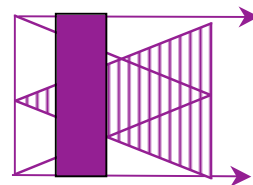


The diagram of a continuum above shows the relationship between the intensity and complexity of student problems and the array of services that needs to be developed to prevent and address problems. The top of the model indicates that most students do not experience significant social, emotional, or behavioral problems. Students who experience mild to significant problems are relatively fewer in number. For those who do experience problems, the number of targeted resources needed to address the problems increases considerably. The bottom of the model shows the corresponding types of programs and services that must be in place in order to respond effectively to this range of student needs. The model can serve as a guide to schools and communities as they develop the necessary components of a full continuum of programs and services that ensures that the right service is delivered to the right student and his or her family at the right time.

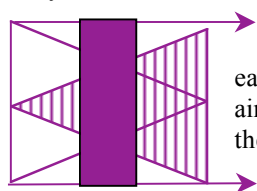
Youth Development programs support the healthy social, emotional, and behavioral development of all students. Youth Development, *primary prevention*, is the ongoing growth process in which all youth strive to: 1) meet the basic personal and social needs to feel cared for and to be safe, valued, useful, and spiritually grounded and 2) build character, skills and competencies that permit functioning and contribution in daily life. Universal positive youth development strategies address the entire school population with messages and programs aimed at building skills and preventing problem behavior. Strategies that promote healthy lifestyles, build social competence and character, empower students through leadership development and involvement with adults in decision-making, and engage students in service to their school and community are examples. These strategies will be sufficient for 80 percent – 90 percent of the student population.



Risk-Focused Prevention efforts, also known as *secondary prevention* or *specialized group interventions*, target specific high-risk behaviors that affect some students. Students at risk for problem behavior represent about 5 percent – 15 percent of the student population. *Risk-focused prevention strategies* target subsets of the total population that are deemed to be at-risk for problem behavior by virtue of their membership in a particular population segment--for example, dropouts, students who are failing academically, or children of adult alcoholics. Risk-focused prevention targets an *entire subgroup* regardless of the degree of risk of any individual within the group. One individual in the subgroup, for example, may not be at personal risk for substance abuse, while another person in the same subgroup may be abusing substances. The prevention program is presented to the entire subgroup because the subgroup as a whole is at higher risk for substance abuse than the general population. An individual's personal risk is not specifically assessed or identified and is based solely on a presumption given his or her membership in the at-risk subgroup. Risk-focused strategies may include mentoring, substance abuse and violence prevention curricula, alternative and after school programs, and teen pregnancy prevention programs.

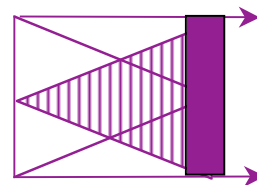


Early Intervention efforts, such as student assistance teams, provide a way to respond to students who are experiencing a variety of social, emotional and behavioral difficulties. *Early intervention strategies* are for individual students who



are showing beginning signs of problem behavior, such as falling grades, disruptive behavior, smoking, and consumption of alcohol and other gateway drugs. The mission of early intervention is to identify these individuals and target them with special programs. The aim of early intervention is not only the reduction in the problem behavior, but also reduction in the length of time that behavior continues, delay of onset of the problem behavior, and/or reduction in the severity of the behavior. Early intervention strategies may include building or student assistance programs, positive behavior supports, school-based services, curriculum adaptations and modifications, etc.

Intensive Individual Interventions (also known as tertiary prevention) must be available for the small number of students (1 percent – 7 percent) whose difficulties are chronic, significant and complex. Some of these students may receive these interventions in special education and some may require other school-based services such as counseling in conjunction with community mental health services or other social services. *Intensive individual intervention strategies* are intended for students who exhibit significant, complex problems. Such strategies may include the wrap-around process, multi-system approaches, substance abuse treatment, etc.



In the process of addressing the social, emotional, intellectual and behavioral needs of students, best results are achieved when programs and services are designed to be in place and readily accessible at all points on the continuum. Good youth development programs will not address all of the needs of those students who will develop mild, moderate, or significant problems. The availability of effective intensive and individualized interventions for students with significant, complex problems are necessary when prevention efforts are not sufficient.